

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

**Report Issue Date:** December 10, 2024

**Inspection Number:** 2024-1039-0003

**Inspection Type:**

Critical Incident

**Licensee:** CVH (No. 9) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)

**Long Term Care Home and City:** Southbridge Lakehead, Thunder Bay

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 2 - 5, 2024

The following intake(s) were inspected:

- An intake related to an incident of a resident resulting in injury.
- An intake related to a medication incident.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services  
Medication Management  
Infection Prevention and Control

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection prevention and control program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure any standard or protocol issued by the Director with respect to infection prevention and control (IPAC), was implemented; specifically, the licensee has failed to ensure the following Additional Requirements of the IPAC Standard for Long-Term Care Homes (LTCHs), revised September 2023, was followed:

Additional requirement 9.1 for Routine Practices and Additional Precautions, specifically:

e) Point-of-care signage indicating that enhanced IPAC control measures are in place;

f) Additional PPE requirements including appropriate selection application, removal and disposal;

A resident's chart indicated they required additional precautions, however, no signage indicating additional precautions or use of personal protective equipment (PPE) were present until a later date.

**Sources:** Resident's chart; Room observations December 2 and 3, 2024; Interviews

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with a Registered Nurse (RN) and IPAC staff; IPAC Standard for Long-Term Care Homes; and Policy: Contact Precautions Policy #2.2 Issue Date: May 26, 2023.

**WRITTEN NOTIFICATION: Medication management system**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 123 (2)**

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the medication management system.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, destruction and disposal of all drugs used in the home, and ensure they are complied with.

Specifically, staff did not comply with the policy "PRN Medication Administration" dated June 30, 2023 which was included in the licensee's medication management system.

A resident was not assessed to determine the need for administrating a therapy, nor was it documented in accordance to the "PRN Medication Administration" policy.

**Sources:** A resident's administration record and orders; Policy: "PRN Medication

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Administration" dated June 30, 2023; and Interview with an Associate Director of Care (ADOC).

**COMPLIANCE ORDER CO #001 Administration of drugs**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

**The inspector is ordering the licensee to comply with a Compliance Order [I]:**

The licensee shall:

- 1) Complete a documented review of a specified licensee policy to ensure that the process and staff protocol is clearly defined.
  
- 2) Re-train all registered staff on the licensee' policies as reviewed in step 1.
  
- 3) Conduct a documented review of all residents' charts who are prescribed a specified medication to ensure that orders are transcribed to the MAR and that the order meets the assessed needs of the resident and is being administered to the resident according to the order.
  
- 4) Keep a documented record of the review, including who conducted the review, results of the review, and any corrective actions taken.

**Grounds**

1. The licensee failed to ensure that a drug was administered to a resident in accordance with the directions for use specified by the prescriber.

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**Rationale and Summary**

A drug was administered to a resident at a time contradictory to the time the directions specified.

This medication error may have contributed to the resident having a severe reaction, which subsequently led to their hospitalization.

**Sources:** A resident's health records including administration records; Interview with an ADOC; Medication Incident Report; and Policy: The Medication Pass, dated June 30, 2023.

2. The licensee failed to ensure that a therapy was administered to a resident in accordance with the directions for use specified by the prescriber.

**Rationale and Summary**

Through interviews and observations, it was determined that a medication was not being administered as per the prescriber's order.

The failure to follow prescriber's directions could result in improper administration and compromised the resident's health and well-being.

**Sources:** A resident's plan of care including administration records; Interviews with an ADOC, RN and Medical Director; and the home's policy.

**This order must be complied with by** January 20, 2025

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).